

**Services needed to be offered by HIV Counselling and Testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers**

by

Nokwazi Tsawe

*Assignment presented in partial fulfilment of the requirements for the degree of Master of Philosophy (HIV/AIDS Management) in the Faculty of Economic and Management Sciences at Stellenbosch University*



Supervisor: Prof. JCD Augustyn

## **DECLARATION**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: March 2016

Copyright © 2016 Stellenbosch University

## **ABSTRACT**

The issue of HIV epidemic among Long Distance Truck Drivers (LDTD) has become a concern for the South African transport industry. This study reports on a qualitative study that investigated services needed to be offered by HIV Counselling and Testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers. Data was collected through focus group discussions. The results revealed the need for HIV intervention programmes to fight the rate of HIV transmission among the long distance truck drivers. It is clear that drivers do have some knowledge about HIV transmission and prevention. However, they do not put the knowledge into practice. Therefore, the study recommends that depots and truck stops wellness centres promote user-friendly approach, and introduce flexible operating hours to ensure accessibility to healthcare services.

## **OPSOMMING**

Langafstand vragmotorbestuurders is besonder vatbaar vir MIV/Vigs en dit het 'n groot bekommernis vir die Suid-Afrikaanse vervoerindustrie geword. Die doel van hierdie studie is om ondersoek in te stel op welke wyse MIV voorligting en toetsing aan hierdie werknemers aangebied kan word ten einde die hoë koers van MIV-infeksie te probeer bekamp.

Inligting is ingesamel deur gebruik te maak van groepsbespreking binne fokusgroepe. Resultate het aangetoon dat daar 'n groot behoefte is aan MIV voorligting en toetsing binne hierdie industrie. Dit het duidelik geword dat die vragmotorbestuurders wel oor die basiese kennis betreffende MIV/Vigs beskik, maar dat hierdie kennis nie benut word nie en dat hulle nie deelneem aan voorligting- en toetsingsessies nie.

'n Aanbeveling van hierdie studie is dat gebruikersvriendelike dienste by depots and welwees sentrums by vragmotor ruspunkte ingesel word en dat vragmotorbestuurders aangeoedig word om van hierdie dienste gebruik te maak.

## **ACKNOWLEDGEMENT**

I am extremely grateful to my supervisor, Prof JCD Augustyn, for his guidance, patience and support throughout my studies. Thank you to the staff at the Africa Centre for HIV/AIDS Management, University of Stellenbosch for your input in my studies.

To my mother, Nomakhwezi MaNtshela Tsawe, my siblings, Ziphokazi, Bongiwe, and Ncebazakhe Tsawe, thank you very much for your encouragement, continued support and trust in me.

Most of all, I would like to thank the Lord Almighty for giving me strength and good health to complete this study.

## TABLE OF CONTENT

Declaration.....	ii
Abstract.....	iii
Opsomming.....	IV
Acknowledgements.....	v
Contents.....	Vii
List of tables.....	x
Acronyms.....	ix
<b>CHAPTER 1 INTRODUCTION .....</b>	<b>1</b>
1.1. Research Problem.....	2
1.2. Research Question.....	3
1.3. Significance of the study.....	3
1.4. Aim of the study.....	3
1.5. Objectives.....	3
<b>CHAPTER 2 LITERATURE REVIEW.....</b>	<b>4</b>
2.1. Working conditions.....	4
2.1.1. Duration spent away from home.....	4
2.1.2. Poor working conditions.....	5
2.1.3. Delays at the border crossings.....	5
2.2. Knowledge of HIV transmission and prevention.....	6
2.3 HIV Counselling and Testing (HCT).....	7

2.3.1 Nature of the epidemic.....	8
2.3.2. Cost effectiveness.....	8
2.3.3. Equity of access.....	8
2.3.4. Resources available.....	8
2.4.Consent.....	8
2.5.Confidentiality.....	9
2.6.Counselling.....	9
2.6.1. Pre-test counselling.....	10
2.6.2. Post-test counselling.....	10
2.7. Testing.....	11
2.8. Health facility based HCT.....	12
2.8.1. Volunteer counselling and testing.....	13
2.8.2. Routine counselling and testing.....	15
2.9. Community Based HCT Approaches.....	14
2.9.1. Community based (mobile outreach services) .....	14
2.9.2.1. Community based PITC (door to door) .....	15
2.9.2.2. Door to door.....	16
2.9.2.3. Index client.....	16
2.9.2.4. Integrated.....	16
2.9.2.5. Workplace and educational establishment-based testing and counselling....	16
2.10. Knowledge of HCT services and access to HCT services.....	17

<b>CHAPTER 3 RESEARCH METHODOLOGY AND ANALYSIS.....</b>	<b>21</b>
3.1. Research Design.....	21
3.2. Sampling.....	21
3.3. Data Collection.....	21
3.4. Data analysis.....	22
3.5. Ethical considerations.....	22
3.5.1. Informed consent.....	22
3.5.2. Confidentiality.....	23
3.5.3. Limitations.....	24
<b>CHAPTER 4 RESULTS.....</b>	<b>25</b>
4.1. Demographics.....	25
4.2. Job description and working conditions.....	27
4.3. Health issues.....	28
4.4. Knowledge and Attitudes towards HIV/AIDS.....	28
4.5. HIV prevention and care services.....	29
4.6. Suggestions to improve truck stops.....	30
4.7. Discussion.....	31
<b>CHAPTER 5 RECOMMENDATIONS AND CONCLUSIONS.....</b>	<b>32</b>
Reference List.....	35
APPENDIX A: INTERVIEW QUESTIONS.....	40
APPENDIX B: HUMANITIES REC LETTER.....	43



## LIST OF TABLES

<b>NO</b>	<b>NAME</b>	<b>PAGE NO</b>
<b>4.1</b>	<b>Age, gender and sex</b>	<b>25</b>
<b>4.2</b>	<b>Marital status</b>	<b>26</b>
<b>4.3</b>	<b>Qualifications</b>	<b>26</b>

## **ACRONYMS**

**AIDS** Acquired Immunodeficiency Syndrome

**ART** Antiretroviral Therapy

**ARV** Antiretroviral

**DOH** Department of Health

**HCT** HIV Counselling and Testing

**HIV** Human Immunodeficiency Virus

**ILO** International Labour Organisation

**IOM** International Organisation on Migration

**LDTD** Long Distance Truck Drivers

**NBCRFI** National Bargaining Council for the Road Freight Industry

**NGO** Non -Governmental Organisation

**PICT** Provider Initiated Counselling and Testing

**RCT** Routine Counselling and Testing

**STD** Sexually Transmitted Disease

**STI(s)** Sexually Transmitted Infection(s)

**SABCOHA** South African Business Coalition on HIV/AIDS

**UNAIDS** United Nations Joint Programme on AIDS

**USAID** United States Agency for International Development

**VCT** Voluntary Counselling and Testing

**WHO** World Health Organisation

## CHAPTER 1 INTRODUCTION

Sub Saharan Africa is the most affected region with HIV/AIDS pandemic than the rest of the continent (World Aids Report, 2011). South Africa has the highest prevalence of HIV/AIDS with long distance truck drivers (LDTD) often linked to the high rate of HIV/AIDS infection due to their mobility. People living closer to truck stops also have a high prevalence of HIV (Serwadda, 1992 in Morris and Ferguson, 2005). According to Barnett and Whiteside, HIV/AIDS epidemic causes a lot of strain on many families, communities and businesses (Barnett and Whiteside 2002 in Fourie and Schoeman 2006). The former Secretary General of the United Nations(UN), Kofi Annan once stated that, HIV/AIDS infects and kills individuals in their most productive years of life (Annan in UNAIDS, 2001).

Available evidence shows that HIV and AIDS poses a lot of challenges to businesses in countries with huge numbers of people living with the virus and lack resources to provide adequate health care infrastructure. Awonsan, Ibrahim, Arisege and Erhiano, state that, “several HIV/AIDS behaviour and social studies had identified drivers as an important HIV/AIDS occupational risk group” (Awonsan, Ibrahim, Arisege and Erhiano, 2014: 20). The pandemic affects the trucking companies directly and indirectly. Direct costs to the companies are absenteeism, recruitment costs, and decline in productivity, medical costs, and HIV/AIDS management and treatment. Indirect costs are low morale of workers, loss of profit.

Declining productivity leads to a decline in profits. In this case companies lose clients and buyers due to fluctuation in productivity. Therefore, the organisation can no longer meet supply demands. This has negative impact on the company’s reputation and future. Morbidity and absenteeism are the main factors leading to decline in productivity in most companies. Employees infected and affected with HIV/AIDS take longer sick leaves than the uninfected employees. High death rates due to HIV/AIDS related illnesses affect colleagues. Short, the chairman of the National Bargaining Council for the Freight and Logistics Industry, argues that most goods in South Africa are transported by road, on the other hand, the country faces loss of its truck drivers due to

HIV/AIDS which has become a serious threat to the industry and economy (Short in Cokayne, 2011).

Companies face rising costs that ruin the future of the business profits due to reduction in investments and productivity. These companies experience a rise in insurance premiums, pension funds due to the high rate of HIV related deaths, early retirements and training and development of the new staff. When an employee dies the company has to pay an allowance to the family members of the deceased (IFC and GBC, 2009). In order to address the HIV/AIDS challenge trucking companies should engage with key stakeholders from their communities. However, the trucking industry keeps these drivers on the road despite all these challenges they face in the workplace

Transportation is very important in the economic sector by providing access to job opportunities and improving the wellbeing of society (Fourie and Schoeman, 2006). Likewise, the AIDS Brief points out that, transportation provides links between businesses and creates employment opportunities for many people. Truck drivers are employed to move goods within the country and internationally (AIDS Brief, 2014). Without the services of truck drivers everything would stand still including the economic growth. The South African trucking industry is one of the busiest industries in the country.

The South African national department of transport has embarked on health programmes to respond to the high rate of HIV/AIDS infection among long distance truck drivers “reduce unsafe sex and to promote access to health services are a priority for this population” (Moretlwe, Chersich, Kinross and Rees, 2013:436). Likewise, some private sector companies have taken HIV/AIDS into consideration due a decrease in productivity levels, absenteeism and cost of replacing staff (IOM, 2003). Moreover, “labour is an essential input in the transport sector” (HIV/AIDS KMCC Uganda, 2014).

### **1.1. Research problem**

HIV Counselling and Testing (HCT) services needed to be offered to long distance truck drivers. In spite of all the effort that has been done to curb the spread of HIV/AIDS in South Africa, long distance truck drivers remain with the highest rate of HIV infection.

Some studies noted that the nature of their profession put them at risk of HIV infection. Truck driving profession requires them to work under pressure; sometimes they spend two weeks to one month on the road, they are unable to access healthcare services and when they are home they never get the chance to visit the nearest clinics.

## **1.2. Research question**

What services need to be offered by HCT to counter the factors contributing to the high rate of HIV/AIDS infection among Long Distance Truck Drivers?

## **1.3. Significance of the study**

The study will benefit long distance truck drivers. Companies they work for will develop relevant HIV/AIDS prevention strategies to reduce the chances of new HIV infections among LDTD. Lastly, the communities and the families of the drivers will be well informed about the modes of HIV transmission and how it could be prevented.

## **1.4. Aim of the study:**

To identify services needed to be offered by HIV Counselling and Testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers

## **1.5. Objectives:**

1. To identify the factors contributing to HIV/AIDS infection among long distance truck drivers.
2. To assess their knowledge of HIV transmission and prevention.
3. To assess the knowledge of the HCT services available for long distance truck drivers.

This chapter has presented the background of the problem and the procedures that will be followed. In Chapter 2, the study will review the literature on the high rate of HIV/AIDS infection among long distance truck drivers.

## **CHAPTER 2 LITERATURE REVIEW**

### **2.1. WORKING CONDITIONS**

It is pertinent to look briefly at the factors contributing to the high rate of HIV transmission among these drivers. Although the study will not cover all the factors, the working conditions, knowledge of HIV transmission and prevention are often discussed as the main contributing factors.

A research conducted by UNAIDS, found that both social and environmental factors play a major contribution to the high rate of HIV infection among these drivers (UNAIDS, 2006). This is due to the high rate of migration, where people move from their homes in search of greener pastures. Long Distance Truck Drivers appear to be the most affected population. They work beyond the borders of the country. The factors that facilitate the spread of HIV include:

- Duration spent away from home
- Poor working conditions
- Delays at border crossings

#### **2.1.1. Duration spent away from home**

Truck drivers are required to spend week or months travelling, separated from their spouses. A study conducted by Shisana in South Africa revealed that, the HIV/AIDS infection among long distance truck drivers is linked to their working hours, they are on duty for two to four weeks. According to a study that was conducted in South Africa, the results showed that truck drivers visit their families once a year (IOM, 2003).

Likewise, a study conducted in Kenya found that most drivers living with HIV/AIDS worked for companies that expect them to travel more than two weeks up to a month (Rakwar, Lavreys, Thompson, Jackson, Bwayo, Hassanali, Mandaliya, Ndinya-Achola, Kreiss , 1999). One Long Distance Truck Driver said, "Being a truck driver is not an

easy job, we only see our families once in three month” (HIV/AIDS KMCC Uganda, 2014).

According to Majoni, the women and children left behind maybe vulnerable to males in the communities they live in and exchange sex for money and goods, whilst the bread winners are away from home (Majoni, 2014). In a similar study Ramjee and Gouws (2002) argued that, most drivers did not use condoms when engaging in sex with commercial sex workers .Therefore, this situation puts both parties (truck drivers and the wives) at risk contracting sexual transmitted diseases including HIV/AIDS.

### **2.1.2. Poor working conditions**

Truck driving is exhausting and not safe as drivers work without breaking, no access to basic needs such as food, shelter and water. In a study conducted in Paraguay, it was discovered that, most drivers slept in their trucks or next to parking bays to make sure that the vehicles are safe, sometimes financial constraints force them to sleep in trucks (ILO, 2012). These drivers sleep in their trucks knowing that they are in danger of being hijacked or robbed (IOM, 2003). The poor working conditions are also associated with health problems such as, backache due to posture during the long hours of sitting, and loading (Edwards and Gomez, 2014).

### **2.1.3. Delays at border crossings**

Drivers spend hours or days at the border gates waiting for administrators to process their documents. Makomba who also works as a long distance argued that there are always delays at the border posts. Boredom and loneliness force the truck drivers to search for girlfriends to keep their company whilst waiting for their documents being processed (HST, 2013). Clearly, the unavailability of recreational services is considered as one of the factors contributing to the high rate of HIV infection among truck drivers.

## **2.2. Knowledge of HIV transmission and prevention**

Studies conducted on truck driver show that they do not have enough knowledge of HIV/AIDS. The Cross Boarder Road Transport Aids Project conducted a research on HIV/AIDS knowledge among truck drivers from South Africa and Mozambique and results showed low levels of HIV/AIDS knowledge” ( IOM, 2003). It is very important to point out that, HIV/AIDS knowledge and information is a requisite for individuals to make informed decisions when it comes to sex. This knowledge promotes behaviour change, reduces the spread of the virus and promotes health seeking behaviour. Moreover, the stigma and discrimination against people living with HIV/AIDS can be eliminated through HIV knowledge.

Many studies reviewed show that long distance truck drivers have heard about STIs, HIV and AIDS (HIV/AIDS KMCC Uganda, 2014). However, there are drivers who are still not aware of HIV transmission modes who believe that sharing a room and utensils with an HIV positive individual spreads the virus (UNAIDS, 2006). In addition some believe that the virus is curable. They also lack information on HIV/AIDS and lack access to healthcare services (UNAIDS, 2001). The unavailability of HIV/AIDS wellness programmes in the workplace hampers the initiative to prevent the spread of HIV/AIDS, due to lack of information on HIV/AIDS among truck drivers.

Aniebue and Aniebue (2009), conducted a study on HIV/AIDS-related knowledge, sexual practices and predictors of condom use among long-distance truck drivers in Nigeria among Long distance truck drivers. They found that the main source of information used by drivers was the mass media and people still have misconceptions about the modes of transmission leading to the high rate of HIV infection (Aniebue and Aniebue, 2009).

Ntozi, Najjumba, Ahimbisibwe, Ayiga, and Odwee (2003), studied long distance truck drivers to assess their knowledge of HIV prevention strategies. The study showed that, the respondents mentioned condoms as the most effective tool for HIV prevention. The knowledge provided by the respondents was insufficient in terms of protecting



themselves from HIV infection. This is due to lack of reliable information about HIV/AIDS.

In a study conducted in South Africa drivers admitted that they do not practise safer sex in their relationships (Ramjee and Gouws, 2002 in Sunmola, 2005), even though they were aware that having multiple sexual partners put them at risk of contracting HIV infection. They (truck drivers) complained that, sometimes women convince them not to use condoms because there is nothing to worry about (HIV/AIDS KMCC Uganda, 2014). Sadly, when these drivers return home to their partners they refuse to protect themselves when having sex. Instead they claim that condoms decrease sexual interest and pleasure (Sunmola, 2005).

Some drivers argue that, condoms lead to breach of trust (UNAIDS, 2006). When one partner requests that the other partner uses a condom she/he will be accused of promiscuity. According to a study conducted by IOM on long distance truck drivers in Mozambique, trust was stated as the most important aspect in a relationship. Some truck drivers argued that, using a condom with their wives simple shows lack of trust in the marriage. They do not understand why they should use condoms with their wives, because a man should trust his wife (IOM, 2009). Another study in Zambia also revealed inconsistent condom use among long distance truck drivers with their wives (Kamanga, Simbaya, Ndubani and Siziya, 2009). They believe that condoms should only be used with sex workers and girlfriends. Otherwise, the wives should not require condoms when having sex with their husbands to prove their loyalty.

### **2.3. HIV Counselling and Testing (HCT)**

The National Department of Health in South Africa defines HIV Counselling and Testing (HCT) as, an entry point to a comprehensive continuum of care” (DoH, 2010). Wanyenze, Nawavvu, Namale, Mayanja, Bunnell, Abang, Amanyire, Sewankambo and Kamya (2008) maintained that, counselling and testing are the two most fundamental and effective aspects of HIV prevention and care programmes. In 2000, the Fleet Watch carried out a study on HIV among 300 companies in South Africa’s road transport industry. The results indicated a need for intervention to fight the spread of HIV in the

industry. The industry then found ways to partner with the government to promote HIV awareness (Doke, 2015).

However, most HIV preventions put more emphasis on information, education, peer education and behaviour change communication, and condom distribution and less focus on HCT services. HIV Counselling and Testing (HCT) helps to identify individuals infected with HIV at an early stage with the aim of providing them with care and treatment services (GARPR, 2014). The WHO guidelines document (2012), suggests that the following criterion is used when selecting HCT models.

**2.3.1. Nature of the epidemic:** This aspect is very important in terms of targeting the most at risk populations, because the nature of the epidemic differs from population to population. For example, long distance truck drivers fall into the category of the most at risk population and the interventions that need to be provided for truck drivers are different from the populations with low levels of the epidemic.

**2.3.2. Cost-effectiveness:** The cost effectiveness of the approach can be measured by the number of infections newly identified for the number of tests performed (WHO, 2012). However, this depends on the nature of the epidemic. For instance, health workers conducting door to door visits will probably reach more families in the areas that are mostly affected with HIV/AIDS. In contrast, areas with low HIV prevalence there would be few HIV infected people. Therefore, the best way is to integrate all health screenings and services to reach all people and reduce the stigma attached to HIV.

**2.3.3. Equity of access:** All population groups should have access to a variety of approaches, especially in the areas that are far to reach.

**2.3.4. Resources available:** All HCT approaches have different requirements and resources should be made available to scale up HCT uptake.

All models of HTC should cover the five Cs namely, Consent, Confidentiality, Counselling, Correct test results and Care and are entitled to pre-test and post-test counselling.

## **2.4. Consent**

All clients provided with HTC should consent to testing. Hence, a client is informed about the HCT and it is explained that she/he has a right to test or refuse to test. The consent could be in writing or verbally. According to the Centers for Disease Control, the client has to be provided with information on the benefits of testing, the risks, and the consequences and should be given an opportunity to ask questions.

## **2.5. Confidentiality**

The testing should be strictly confidential whether the results are positive or negative, unless the client wishes to disclose. As the WHO guidelines on HIV testing puts it, confidentiality is “a way of respecting the privacy and the rights of the individual to ensure their protection from being stigmatisation, discrimination and victimization” (WHO, 2007). However, it is advised that a client shares the results with a partner and family members to prevent infecting each other if one of them is HIV infected.

## **2.6. Counselling**

HIV/AIDS counselling provides individuals with the correct information, promotes behaviour change, and protect others from being infected (WHO, 2007). HIV is treatable although not curable, as long as the person finds out about his/her status at the early stages of the infection and receives care and support. Clinics have social workers, lay counsellors and psychologists to offer appropriate support. These services are important for truck drivers since they need psychological help to deal with stress acquired due to the nature of their job.

When there is no health care worker on duty to offer group pre-test information, audio visual information can be used to provide education needed by long distance truck driver.

HIV education should cover HIV transmission modes, effective ways to prevent/manage HIV, advantages of early diagnosis, relationship between TB and HIV, and the importance of not disclosing peoples HIV status without their permission. Information and counselling sessions prepare the individual to accept the results whether positive or

negative. They are offered psychological support, care and referrals to professionals when needed.

In order to conduct VCT confidentiality, informed consent, pre-test counselling, post-test counselling, referrals and counsellors are needed.

**2.6.1. Pre-test counselling:** This type of counselling is conducted before HIV testing on individuals or in group sessions. Group sessions are only conducted in settings where there is shortage of staff members. The session covers the same content as the individual session. For routine testing the main purpose of pre-test counselling is to:

- Determine the clients drive to test
- How well a client knows about HIV/AIDS
- How to combat the spread of HIV/AIDS through prevention programmes
- Assess if the client is ready to have a test and to receive the test results
- A client should consent to testing

If a client does not wish to be tested he has a right to refuse testing. HIV positive clients should be provided with on-going care and support. It is therefore, imperative to provide risk assessment session to all clients who had taken part in the pre counselling session. Risk assessments help to measure the knowledge acquired by a client during pre-counselling. This process is known as history taking (Ramfolo, Chidarikire, Farirai and Malatjie, 2011).

**2.6.2. Post-test counselling:** All clients are entitled to post-test counselling, regardless of the test results. HIV negative clients should be offered a comprehensive post-test counselling package that includes information and advantages of health screenings and condom use (DoH ,2010). Such clients should re-test after the window period of three months.

Clients who test positive should also be taught to prevent HIV transmission to protect their loved ones from being infected by consistent use of condoms and live longer healthier lives by following a healthy nutrition. Counselling is offered to overcome emotional stress afterwards clients are referred to a clinical professional for CD4 count

where they get screened for opportunistic infections such as TB. A client showing symptoms of TB should be referred for ART initiation. However, the client with no signs and symptoms of TB should only attend wellness programmes (DoH, 2010).

Learning that your HIV test is positive can be devastating. However, with good care and support one can live a healthy positive life. One thing that a person living with HIV has to consider is treatment. Antiretroviral therapy is very effective in treating HIV and it has increased life expectancy among people living with HIV, and has helped in the management of AIDS like any other chronic disease (International Finance Corporation and the Global Business Coalition on HIV/AIDS, 2009).

Those who test negative become motivated and practise safer sex and decrease the number of sexual partners (Wanyenze, Nawavvu, Namale, Mayanja, Bunnell, Abang, Amanyire, Sewankambo and Kamya, 2008). Voluntary Counselling and Testing is very useful for drivers to know their HIV status, so that they can change their behaviour even if they test negative. If they test negative they will be motivated to use condoms every time they have sex and have lesser sexual partners. If they happen to test positive they could still live longer and protect their loved ones from being infected by consistent use of condoms.

Nutrition plays a very important role when promoting well-being of everybody especially for HIV positive individuals. A well balanced diet helps to keep the immune system strong. Most HIV positive individuals are susceptible to HIV related illnesses such as flu, STIs, certain cancers and TB due to their weak immune system (International Finance Corporation and the Global Business Coalition on HIV/AIDS). Therefore, a healthy diet with nutrients and enough calories is required to maintain a healthy weight (WFP, 2008). The long distance truck drivers often purchase meals from fast food restaurants. Gomez and Edward (2015), point out that, some truck drivers suffer from obesity. Some of them abuse alcohol which also puts them at risk of contracting HIV. Alcohol consumption whilst on ARV's leads to non-adherence to treatment and has harmful health effects.

## **2.7. Testing**

HIV testing is the only process that determines whether the person is HIV positive or negative (HIV Site, 2011). Sometimes people do not show HIV symptoms unless they test. There is nothing that should prevent people from testing because the test does not have any side effects. Instead people should test regularly if they had been exposed to a risk of contracting HIV. This is to ensure that they remain HIV negative. However, if they are HIV positive they will seek help. The South African Department of Health policy guideline states that, “Rapid HIV testing as a screening and diagnostic test is regarded as one of the key interventions in the national response to HIV and AIDS” (DoH, 2010:5). For this type of HIV testing, the results take between 10-15 minutes. It is also emphasised that HIV testing should be of high quality to produce results that are accurate and of high quality.

In general, long distance truck drivers should be provided with HIV/AIDS counselling (Ramjee and Gouws, 2002 in Sunmola, 2005). For instance, Nigeria has counselling centres at the truck stops for drivers to go there and seek help. There are different approaches of HCT services used to provide care and support. In order for HTC to be effective for clients all models should be used concurrently (WHO, 2012). The HCT approaches include:

- Health facility based HCT approaches, and
- Community based HCT approaches

## **2.8. Health facility based HCT approaches**

### **2.8.1. Volunteer Counselling and Testing (VCT)**

Voluntary Counselling and Testing (VCT) is a process that provides individuals, couples and families with appropriate HIV/AIDS knowledge and modes of transmission, treatment, care, counselling and support. The services are available in both public and private health facilities such as clinics and hospitals and most Non- governmental Organisations (NGOs) partner with the trucking companies to provide VCT, condom distribution, Chronic disease care, educational workshops, STI prevention, peer group

educators, HIV counselling and testing, and TB screening through their mobile clinics (Barnett, Fantan, Mbakile, and Whiteside (2002).

According to HIV/AIDS KMCC Uganda “the introduction of rapid test and same day results led to overcrowding in health facilities due to the high demand of VCT services” (HIV/AIDS KMCC Uganda, 2014). Individuals or couples seek VCT services out of their own interest or are referred by people who have received the service or by a health care provider or they learnt about the service from the media. Most people seek VCT services because they are concerned about their future.

In general, VCT helps people cope with HIV/AIDS. It is believed that making a decision to go or not to go for an HIV test takes a lot of courage. Literature has shown that, “VCT is a cost effective intervention in high prevalence settings” (USAID/REDSO, 2002:2). People have different views when it comes to knowing ones status, some think it is better to remain unaware while others prefer to know their status. Sometimes people do not test because they are scared of the test results.

### **2.8.2. Routine Counselling and testing**

In South Africa, the Provider Initiated Counselling and Testing (PICT) also known as the Routine Counselling and testing (RCT) has been designed and implemented to make sure that long distance truck drivers receive HCT services when visiting health care providers. Unlike VCT, routine HCT is offered to all clients “irrespective of their presenting illness” (Wanyenze, Nawavvu, Namale, Mayanja, Bunnell, Abang, Amanyire, Sewankambo and Kamya, 2008:302). Routine HCT is also available in all health care settings such as mobile, public and private hospital.

The fact that the HIV test results are available same day leads to an increase in numbers of clients using the service due to its reliability and accuracy. Routine testing helps to detect the virus at the early stages especially if the client shows symptoms or comes from areas with high HIV prevalence (DoH, 2010).

Routine HCT is a process that offers individuals with counselling and testing. It is conducted by a qualified health care worker. However, a client has a right to refuse to

be tested. Health care professionals are there to offer support to patients to help make better decisions. The programme allows people, who test HIV-positive to receive treatment on time, live longer and reduce the chances of transmitting the virus to others. RTC enables medical practitioners to identify treatment and wellness programmes (Ramfolo, Chidarikire, Farirai and Malatjie, 2011).

Routine testing is recommended as one of the most effective HIV prevention strategy and is initiated by a health care worker with the aim of scaling up HIV testing. In this process the clients' autonomy and dignity is protected to make sure that clients receive the best health services (DoH, 2010).

HIV counselling is conducted in the language that the client is able to understand. The pre-test information is either done in groups or individuals. Afterwards the client is given information on HIV management. In a study conducted in KwaZulu Natal among long distance truck drivers, it was discovered that, education programmes including individual counselling and voluntary HIV testing are on-going in most truck stops (Ramjee and & Gouws, 2002 in Sunmola, 2005). Group information session is followed by individual counselling. Like VCT pre-test and post-test counselling is given to clients to consent to testing and accept the results as they come.

RTC plays a very important role in reducing stigma in the community by making sure that everyone tests for HIV and receives proper care and support (Ramfolo, Chidarikire, Farirai and Malatjie, 2011).

These programmes help to dispel the myths and misconceptions around HIV and AIDS. Irwin suggests that companies should provide more and even better HIV and AIDS education and treat HIV/AIDS as a Human Resource priority (HST, 2013).

## **2.9. Community based HCT approaches**

These HCT approaches consist of professional health care providers who reach out to communities with the aim of increasing access to HCT services. According to UNAIDS, community-based HTC help build public trust, protect human rights and reduce stigma and discrimination (UNAIDS, 2010). These services are very helpful for hard to reach



communities where people are unable to travel to health facilities due to transportation costs. Taking the services to communities promotes HIV knowledge and prevention to these communities.

### **2.9.1. Community Based (Mobile outreach services)**

This modality is very similar to VCT, the difference is that here services are mostly provided on a temporary basis through mobile clinics, vans or tents to increase access to HCT for populations such as truck drivers, who are unable to access services due to long distances and transportation costs and sometimes facility operating hours.

Community based is very advantageous because it provides care, therapy and support provided in health facilities including psychological and nutritional care and support. Trained peer educators are employed to provide services such as HIV testing and a trained counsellor offers counselling services. In South Africa RHI and North Star partnered to improve the health of South African by providing necessary health services to key populations including Sex workers and long distance truck driver (Edwards and Gomez, 2015). This ensures that people from the most hard to reach communities have access to health care services. Effective measures offered by RHI and North Star at the road wellness clinic consist of:

- HIV testing and counselling
- ART initiation and refills
- STI prevention, testing and treatment
- TB screening
- Malaria diagnosis and treatment
- Primary Health Care
- Sexual and reproductive health
- Driver safety training
- Behavioural change and educational workshops
- Outreach programmes
- Condom distribution
- Peer group educators

*Source: (Edwards and Gomez, 2015).*

## **2.9.2. Community Based Community PITC (Door to door)**

In this modality VCT services are provided to an individual's home through:

**2.9.2.1. Door-to-door:** Here Health care workers visit homes to provide services to households. These services are offered by mobile teams and community mobilisers to make it a point that all households are offered basic health services. The services are offered to adults, children, and individuals who are not aware of their HIV status. Those who test positive are referred to the nearest health care facility (Menzies, Abangd, Wanyenzee, Nuwahaf, Mugishag, Coutinhoh, and Bunn, 2009).

**2.9.2.2. Index client:** Health care workers visit households affected by HIV/AIDS to provided health services to all family members regardless of their status. This is similar to door to door. The difference is that this type of HCT only targets household affected by HIV.

**2.9.2.3. Integrated:** HIV Counselling and Testing is provided to individuals through, “health promotion, disease prevention, diagnosis, treatment, disease management, and palliative care services, within the health system, and according to their needs, throughout their lives” (WHO, 2015).

## **2.9.2.4. Workplace and educational establishment -based testing and counselling**

HTC services are very pivotal for truck drivers due to their nature of work. The workplace is a proper setting to provide affordable healthcare services. These services should always be available for all employees and their families. Some workplaces have healthcare workers to offer regular health check-ups for individuals enrolled on ARTs and those who are unaware of their status but willing to test. Engine driver wellness provides long distance truck drivers with education on the “importance of maintaining a healthy lifestyle while on duty” (Media Update, 2011:1). Trucking Wellness is a programme aimed at delivering primary healthcare to employees in the Road Freight and logistics Industry. The programme receives funds from the National Bargaining Council for the Road Freight and Logistics industry (Media Update, 2011). Engen truck

stops have a nursing sister hired to screen drivers for blood pressure, diabetes, tuberculosis, BMI (Base Mass Index) and HIV/AIDS. This programme benefits both the driver and companies by reducing the risk of contracting; drivers make healthier life choices to live longer, the company benefits because the employee becomes more productive.

HIV education promotes HIV prevention and encourages workers to respond to the HIV epidemic. Educational programs are an important source of information as individuals are provided with knowledge on HIV transmission and prevention. According to IOM/UNAIDS, “Engen petroleum and Fleet Watch Transport Company launched a booklet titled Living on the Road, a driver’s handbook with an article on HIV/AIDS. Zimbabwean Clan transport initiated HIV/AIDS peer education for all workers reporting to its depot. The depot has a professional nurse employed on a permanent basis to provide home-based services to employees” (IOM, 2003:40). Employees are encouraged to bring their partners to receive the services. Special events such as wellness day and the world AIDS day help in promoting HIV education. During these events people living with HIV are invited to speak to employees and encourage them to live healthier regardless of their HIV status and emphasise that HIV should not be treated differently from other chronic illnesses.

#### **2.9.2.5. Knowledge of HCT services and access to HCT services**

The South African policy Guide for HCT points out that, “with increasing availability of HCT in many public health facilities in South Africa, uptake of counselling and testing is also increasing” (DoH , 2010:6). Most NGOs provide HIV prevention programmes to truck drivers. Social mobilisation promotes the importance of HCT in their resting settings during the day and night by making them aware of the types of HCT and approaches.

HCT offers a good opportunity for developing countries to partner with NGOs and companies who offer health services. These services often cover very important aspects of HIV intervention programmes such as:

- HIV knowledge and information

- Offering access to HIV prevention services such as, condom distribution and HIV testing and treatment.
- Providing referrals to health care services.
- Promoting health education and peer education at truck stops and depots.
- Ensuring that trucking wellness centres operate 24 hours a day to improve access to healthcare, counselling services for long distance truck drivers.

Although it is acknowledged that long distance truck drivers fall under the category of the most affected by HIV/AIDS, studies reveal that long distance truck drivers lack access to prevention programmes, voluntary counselling and testing (VCT), ART and other health services (Edward and Gomez, 2015).

Access to HCT is still a major challenge in Africa than the rest of the world (Azougou, Ogonnaya and Alo, 2011). As a result, few people know their HIV status due to fear of stigma, fear of HIV positive results, nature of work, lack of confidentiality among health professionals and lack of HIV information offered to them.

Most drivers opt for private health care services due to long queues, lack of medication, unfriendly attitude of staff and poor services rendered in public health care. As a result, in some cases foreign drivers are not allowed to access health care services in other countries. Sometimes drivers miss their collection dates or cannot seek treatment whilst on duty. They have to wait until they reach their homes. However, there are cases where they end up not collecting medication due to delays on the road. Drivers work irregular hours, clinics are closed when drivers are available to seek help (IOM, 2003).

Truck drivers are also vulnerable to other illnesses caused by border gates that limit their access to health care services including HIV/AIDS prevention and care (IOM, 2013). In most countries NGOs work in partnership to fight HIV/AIDS key population groups including long distance truck drivers. As the AIDS Brief puts it, for organisation to reduce the exposure to HIV for truck drivers, agencies and other organisations should be involved (AIDS Brief, 2014). The government and private sector companies should provide training to increase HIV awareness and promote sex education to drivers as

most of them are unable to access health facilities due to long distances. As a result, they tend to default from treatment.

Certain truck stops and depots have wellness centres but the working schedules make it impossible for drivers to access the services. Sometimes a driver gets sick whilst on duty and remains undiagnosed. By the time the driver visits a healthcare facility and decides to test for HIV, if by any chance he tests positive, his access to antiretroviral treatment would be delayed by his working schedule. This puts his life at risk of viral progression and death. When HIV progresses and the individual's CD4 Count becomes lower than 200 cells, the infected individual is at risk of being infected with opportunistic illnesses such as TB, flue and certain cancers due to the weak immune system.

Another study conducted in hot spots in Mombasa- Kampala highway showed that long distance truck drivers have HCT facilities, however these facilities close after five o'clock in the afternoon (Morris and Ferguson, 2005). Lesotho border crossing offers condoms to truck drivers and administrators.

Stigma and discrimination attached to HIV and AIDS prevent people from seeking HIV treatment. According to Kumar, "many truck drivers hesitate to attend the HIV/AIDS awareness programmes due to the stigma related to the disease" (Kumar, 2012: 169). Sometimes even though some trucking companies have healthcare centres, employees still find it very difficult to go there they rather visit the local clinic where they cannot be seen by their colleagues. This hinders the organisations efforts to moderate HIV and AIDS among the workforce, because they do not adhere to the treatment and those who have not tested yet do not see the point of testing due to the stigma they will face should they test positive.

In Uganda Long Distance Truck Drivers have limited or no access to healthcare and other HCT services (HIV/AIDS KMCC Uganda, 2014). In India there are HIV and AIDS services provided for Long Distance Truck Drivers at petrol stations, lodges, bars, brothels and for sex workers to ensure that truck drivers can access and use health services such as antiretroviral therapy. However, most Long Distance Truck Drivers are reluctant to use such services due to stigma attached to the illness (Kumar, 2012).

The majority of Long Distance Truck Drivers are aware of the consequences of unsafe sex. However, they hardly practise safer sex (Kumar, 2012). This proves that, although South Africa and Uganda lack information on the importance of HIV prevention intervention to combat the spread of HIV infection among long distance truck drivers, other countries make efforts to ensure ART uptake and retain them on treatment. This is done through negotiating flexible working times, ensuring that the health care facilities are accessible to all, and tailored.

Truck drivers need to be provided with adequate information about HIV, through use of Educational campaigns and trainings. Education plays a pivotal role in HIV/AIDS prevention (USAID/FHI, 2009). According to Irwin, trucking companies should introduce fixed and mobile clinics that will provide HIV and AIDS education, testing and treatment to benefit both truck drivers and sex workers (Irwin in HST, 2013). The most appropriate settings for HIV and AIDS awareness and information for Long Distance Truck drivers are parking bays, petrol stations and loading area. The working conditions of the truck drivers contribute to their vulnerability to HIV/AIDS infection. Although the drivers have heard about HIV/AIDS, the knowledge seems to be very limited when it comes to the modes of transmission and prevention. One of the reasons for the lack of knowledge is the broadcast media as their only source of information. Broadcast media mostly promotes condom use than other forms of prevention. Hence, HCT services are needed in fighting the HIV/AIDS pandemic. The methodology used in collecting data will be discussed and data collected will be presented and analysed in chapter 3.

## **CHAPTER 3 RESEARCH METHODOLOGY AND EMPIRICAL ANALYSIS**

### **3.1. Research Design**

The study focus was on the 2015 long distance truck drivers. There are approximately 50 truck drivers using Mthatha Shell Ultra-City Truck Stop. Focus group discussions (FGDs) were conducted with 15 of them, using a focus group discussion guide.

The aim was to identify factors contributing to the high rate of HIV/AIDS infection among LDTD.

### **3.2. Sampling**

This study aimed to study long distance truck drivers. Truck drivers were recruited through convenience sampling, drivers who had been part of the study referred others to the study. Focus group discussions were conducted at Shell Ultra City in Mthatha in the Eastern Cape.

Drivers were requested to comment on questions based on their knowledge and awareness about HIV/AIDS. The researcher obtained informed consent from participants.

Focus group discussions were conducted in a private room at the truck stop, and these discussions lasted for one hour. The discussions were conducted in the English as most drivers understood the language.

### **3.3. Data collection**

Focus group discussions were conducted using a group discussion guide. A digital recorder was used to record the discussions and audio taped focus group discussions were transferred to a computer and were transcribed by the principal investigator who also reviewed the transcripts.

Focus group discussion guides contained open ended questions for demographics, including the age of participants, their race/ethnicity, where they come from, job description, working conditions, health issues, and HIV care and prevention services.

### **3.4. Data analysis**

The information gathered from participants was analysed manually coding, key issues from field notes and recordings were categorised and then themed.

The categorization of data consisted of six sections namely, demographic information, job description and working conditions, health issues, knowledge and attitudes towards HIV/AIDS, HIV/AIDS prevention and care services.

On demographic information the main aim was to discover the background of the long distance truck drivers who rest at Mthatha Shell Ultra City. The information gathered in this category included age and gender, education level, marital status and the geographical area.

Under job description and working conditions, the researcher wanted to determine the responsibilities of truck drivers, their hours of work, and resting periods. Regarding health issues, the main purpose was to determine the most prevalent health problems facing long distance truck drivers.

The category on knowledge and attitudes towards HIV/AIDS was to establish truck drivers' knowledge of HIV/AIDS transmission modes and prevention methods. In the section on HIV/AIDS Prevention and Care Services health care services and HIV/AIDS and STI educational programmes provided to long distance truck driver.

### **3.5. Ethical considerations**

#### **3.5.1. Informed consent**

It is pertinent for a researcher to comply with research ethics related to matters of social issues. Ethics serve as a guidance to makes sure that participants will not be harmed by the research process. According to Babbie, "what we consider as moral or ethical in day to day life is a matter of agreement among members of a group" (Babbie, 2007:62).



The ethical clearance for this study was obtained from Stellenbosch University Research Ethics Committee. It is pertinent for a researcher to comply with research ethics related to matters of social issues. Ethics serve as a guidance to make sure that participants will not be harmed by the research process.

This study is about a very sensitive issue, HIV/AIDS. It was very important for the researcher to follow ethical guidelines. The researcher made sure that the participants understood that their participation is voluntary, there will be no harm to them, and the information will remain anonymous. Their responses will be treated with confidentiality.

The researcher conducting the group discussions presented the consent form to participants in English. The first step was reading of the information sheet by the interviewer followed by the informed consent form. The consent form explains what the study is about, and how long the discussion will take.

Participants were also informed of their rights to participate or not to participate in the study. Participants were advised to ask questions if they do not understand something before or during the discussion, or may choose not to respond to a question if they do not feel comfortable. They have every right to stop participating in the group discussions if they do not feel like continuing, they will not be fined for doing so.

### **3.5.2. Confidentiality**

In a research study, there are ethical issues that need to be considered when one is conducting a research. The main purpose of ethics is to make sure that participants are protected. The names of participants were not recorded. The data will be treated with confidentiality.

The researcher made sure that participants are aware that their participation is voluntary, their identities are protected, and the information they provide will be kept confidential (Babbie, 2007). All focus group discussions were audio taped with recorders and the information was transferred into computer and was saved on a hard drive. After everything had been transcribed the recordings were then destroyed.

### **3.5.3. Limitations of the study**

There were encounters of refusal to participate in the focus group discussions due to time constraints. The drivers have to cook and rest when they get to the truck stops. Those who participated were very reluctant and complained of fatigue. For the second focus group the researcher had to cut short the discussion as the drivers had to prepare their loaded trucks for departure. Chapter 4 will report the results of the data analysis as presented in this chapter.

## CHAPTER 4 RESULTS

The aim of this study is to identify services needed to be offered by HIV Counselling and Testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers. The objectives of this study are:

1. To identify the factors contributing to HIV/AIDS infection among long distance truck drivers.
2. To assess their knowledge of HIV transmission and prevention.
3. To assess the knowledge of the HCT services available for long distance truck drivers.

### 4.1. Demographics

#### 4.1.1. Age, gender and race

Table 4.1 shows that the age of participants ranged from of 20 and 60 years. The majority of the participants were black males who drive trucks domestically and across the borders of the neighbouring countries.

**Table-4.1**

<b>Age</b>	<b>Total</b>
20-29	3
30-39	5
40-49	3
50-59	2
60-69	2
<b>Gender</b>	<b>Total</b>
Females	0
Males	15

<b>Race</b>	<b>Total</b>
Black	13
White	1
Coloured	1
Other	0

#### 4.1.2. Education level

Table 4.2 shows that most participants had completed secondary school whilst the minority had completed primary school.

**Table- 4.2**

<b>Qualification</b>	<b>Total</b>
Completed secondary school	10
Completed primary school	5

#### 4.1.3. Marital status

Table 4.3 shows that the majority of participants reported being married and few of them were single and never married

**Table-4.3**

<b>Marital status</b>	<b>Total</b>
Married	9
Single	6
Other	0

#### 4.1.4. Geographical area

Participants came from different provinces of South Africa and neighbouring countries such as Lesotho and Zimbabwe with different ethnic groups. The minimum truck driving experience is two years and the maximum experience is 30 years.

A variety of areas were targeted regarding the HCT services that need to be offered to counter the factors contributing to the high rate of HIV/AIDS among long truck drivers. The questions for the two focus groups that were conducted covered the following categories: Job description and working conditions, Health issues, Knowledge and Attitudes towards HIV/AIDS, and HIV/AIDS Prevention and Care Services.

#### 4.2. Job description and working conditions

Five questions on the job description and working conditions were posed to participants. When asked, how much (approximately what percent) of your time is spent at work? Most participants said they spend more time at work and very little time is spent at home.

*“Approximately one night at home in three months, I spend most of my time on the road”* Truck driver.

*“Less time at home, I even spend more than three weeks without going home”* Truck driver.

*“I spend most of my time at work”* Truck driver.

Commenting on accommodation provided to long distance truck drivers’, they reported that they sleep in the trucks.

*“My accommodation is the truck”* Truck driver;

*“We sleep in the trucks”* Truck driver

All drivers argued that a salary increase would make things much easier for them in terms of accommodation. One driver stated that, *“we would be interested in getting BNBs on weekends and not sleep in trucks”* (Truck driver).

The trucking industry is full of problems for its drivers. Participants also complained that whenever they enter into a city or town police harass them and threaten to fine them or retain their drivers' licences. Sometimes they get harassed and attacked by criminals, and border officials. In Mthatha, criminals take advantage of the long distance truck drivers at the traffic lights and offload goods from the trucks. According to the participants, people are angry at them they have wrong perceptions about them, because they are known for importing HIV from urban area into rural areas. As a result some participants stated that they find nothing interesting or helpful about the HIV/AIDS campaigns. They feel that these campaigns are there to stigmatise them. A truck driver reported that:

*“Women do not pay attention to us when driving trucks and try to approach them. They reject us because they think we will infect them with HIV/AIDS. However, it is a different story when you are driving your own car. Women would exchange their contact numbers with smiles on their faces”.* Truck driver.

#### **4.3. Health issues**

With regards to Health issues, although the majority considered themselves in good health, they also felt that a lot should be done to offer more HIV related health services to broaden their knowledge of the disease.

#### **Chronic illnesses**

When asked about the top health problems facing long distance truck drivers, most participants mentioned eye cholesterol, high blood pressure, diabetes, deaths, heart attack, arthritis, fatigue, HIV and AIDS. They always feel tired even when they are on leave and should be enjoying themselves with their families.

#### **4.4. Knowledge and attitudes towards HIV /AIDS**

On the knowledge and attitudes towards HIV /AIDS three questions were covered.

## **Prevention**

Participants were familiar with HIV prevention methods, they mentioned condom use, HIV testing and one sexual partner to avoid HIV infection.

## **Transmission**

Furthermore, regarding HIV transmission modes they identified unprotected sex as the main source of transmission.

## **HIV education**

When asked if they discuss about HIV/AIDS at depots or truck stops, most drivers said there is no time to discuss such topics. They do not have time because they are always tired.

### **4.5. HIV Prevention and Care services**

Six questions were asked about HIV prevention and care services provided to truck drivers.

#### **Prevention campaigns**

Their main sources of HIV/AIDS information are Shell garage truck stops and HIV/AIDS awareness road-shows. Shell garage in South Africa has trucking wellness centres office that provides truck drivers with condoms. When asked if there are HIV/AIDS education at the truck stops and depots, participants responded that:

*“There are educational programmes at the depot and truck stops but we do not have time to attend these kinds of things”* Truck driver.

*“In our company we gather and we are told about the risks and we are motivated to test all the time”* Truck driver.

The drivers noted that although there are condoms at the truck stops and road shows promoting HIV/AIDS education to long distance truck drivers.

## **No access to health care services**

Truck drivers experience barriers when it comes to healthcare services. Some truck routes do not provide these services, the routes that have the services are closed at night. As a result, the drivers hardly utilise the healthcare services due to time constraints. This has consequences, especially for those infected with HIV. Their mobility makes it difficult for them to attend even the public health facilities for appointments or follow up visits.

The above mentioned issues facilitate more HIV/AIDS risk as drivers end up defaulting from treatment. Hence there is a great need to expand health services to truck stops and depots. One truck driver argued that:

*“We have clinics at the truck stops where we are able to obtain condoms, but they don’t help sometimes because, the clinics are always closed, instead of operating 24hours just like we do”* Truck driver.

However, another respondent from a different trucking company argued that:

*“In my company the boss just sends the money for us to go and see the doctor if we not feeling well of he sends the car that will take you to the doctor”* Truck driver.

It is very essential for truck owners to provide their employees with medical aid benefits. Accommodation of long distance truck drivers is another issue that needs to be resolved as their places of residences are not conducive.

## **4.6. Suggestions to improve Truck stops**

### **Health and safety**

When it comes to recommendations on how truck stops should be improved, the majority of participants expressed that clinics should work 24/7. Participants were more concerned about their safety followed by health services.

*“We do not feel safe because sometimes criminals attack us while whilst on duty. Even the trucks are not safe at all. Criminals throw stones at the trucks”* Truck driver.



*“The truck stops should improve their standards and be provided with gym equipment”*  
Truck driver.

#### **4.7. Discussion**

This study was initiated to identify services needed to be offered by HIV counselling and testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers who use Shell Ultra- City truck stop in Mthatha. The study also identified recommendations to improve the lives of long distance truck drivers and to compare this study with similar studies conducted previously. Participants' responses to questions indicated their basic knowledge on ways to prevent HIV infection, but the knowledge is not sufficient to prevent HIV transmission due to working conditions, lack of HIV information, and lack of access to health care services. These factors make long distance truck drivers susceptible to HIV transmission. It was revealed from the discussions that truck drivers receive HIV/AIDS related support from various NGOs and the government. However, the main concern was that, their working hours, days of travelling and tight schedules prevent them from seeking help from available healthcare services. When they decide to rest in a particular town, the only form of accommodation available for them is their lousy trucks where there are no recreational activities to keep them entertained.

At border posts such as Beit Bridge there are always delays, as a result truck drivers spend days to have their documents processed. Drivers complained that they earn very little to afford lodges. All participants agreed that consistent condom use and less sexual partners prevent HIV infection. Most participants understood the modes of HIV transmission, they were aware that engaging in unprotected sexual intercourse increases the chances of contracting HIV/AIDS.

The study points out that there is still a need for HIV intervention programmes to fight the rate of HIV transmission among the long distance truck drivers. Some truck depots do not provide healthcare services and HIV education material on site for their employees. In Chapter 5, the findings of the study will be discussed, and recommendations for further studies will conclude the study.

## CHAPTER 5 RECOMMENDATIONS

Condoms are an important aspect of HIV/AIDS prevention. Therefore, they should be made available at truck stops, cross border posts and depots to protect truck drivers from STI's and HIV related infections. If condoms are not accessible, drivers will continue to become infected with HIV. The trucking companies should also seek help from NGO's, Government and Donors if they are unable to provide them.

Drivers should always be reminded about the importance of condoms when engaging in sex. HIV/AIDS prevention programmes should make condoms accessible, and should be placed in areas where truck drivers can be able to collect them freely without the fear of being stigmatised by the public or colleagues.

It is pertinent that truck drivers are provided with HIV/AIDS sources of information such as pamphlets, brochures and flyers in in depots and truck stops and they should be available in all South African languages in order for them to understand the message. There is a need for border officials to be trained and sensitized to promote truck drivers wellness as any other employees. The HIV/AIDS prevention programmes should be available at both drivers departure and destination points to ensure that they receive the necessary services. HIV/AIDS and STI treatment kits with nutrition information are needed for care and support of the drivers to make sure they are living a healthy lifestyle.

Peer education plays a very important role for behaviour change. It is a very important tool for HIV/AIDS awareness for truck drivers and to help them obtain information that facilitates behaviour change. Workers that are highly respected in the workplace could in peer educational programmes in the workplace. Irwin suggests that companies should provide more and even better HIV and AIDS education and treat HIV/AIDS as a Human Resource priority (HST, 2013). According to USAID, capacity building and human resources play a very pivotal role in increasing the number of trained HCT staff, providing support and supervision of counsellors as a way of preventing and minimising staff burnout (USAID/CRHS.2002).

A comprehensive HIV programme is needed to develop HIV/AIDS Policies as an intervention strategy to fight HIV/AIDS in the trucking industry. The policy will assist in awareness promotion and prevention of new infections, it will also provide care and support for truck drivers living with HIV/AIDS, and protect them from discrimination and stigma. In addition, partnering with other stakeholders, such as, Non-Governmental Organisation (NGO's), and the government is the best way to combat HIV/AIDS as these stakeholders could act as donors and funders for resources and other important services such as counselling, treatment and awareness campaigns. Most NGOs aid organisations with HIV toolkits, containing guidelines on implementing a workplace HIV/AIDS programme (Debswana case study in UNAIDS 2002).

Trucking companies should use their Human Resource departments to maintain the smooth running of HIV/AIDS programmes. Like any other policies the HIV policy has to explain the company's vision and objectives about HIV. Most importantly, the policy should show its commitment to addressing the HIV epidemic.

The programme should include these elements:

- The impact of HIV/AIDS in the company
- HIV/AIDS awareness programmes
- Voluntary Counselling and Testing
- HIV/AIDS education and information
- Distribution of condoms
- HIV prevention and treatment
- Employee wellness programmes for HIV infected employees
- Information about anti-retroviral programmes
- Monitoring and evaluation of the programme

It is best for trucking organisations to comply with the South African Employment Equity Act and ILO standards; the standards are very important when developing and implementing the workplace policy to promote non-discrimination, to fight new HIV infections, absenteeism, morbidity and mortality. Truck drivers are vulnerable to HIV infection. Therefore, managers and supervisors have a duty to ensure that these drivers

have access to health facilities are provided them with condoms, ARVs, voluntary counselling and testing.

HCT is the most effective intervention strategy that should be used by trucking companies to address HIV/AIDS. HCT services should be user friendly and be accessible to all Long Distance Truck Drivers.

### **5.1. Conclusions**

The aim of the study was to identify services needed to be offered by HIV Counselling and Testing (HCT) to counter the factors contributing to the high rate of HIV/AIDS infection among long distance truck drivers. Data was collected from 15 long distance truck drivers. The drivers recruited came from different races. Most drivers were married men and few single men. The majority of the drivers had high school education making easier for them to speak, read and write in English. Few drivers had primary education and were not fluent in English.

All drivers were employed by trucking companies. The majority of participants complained about low wages, poor working conditions and tiring job. They argued that they are being overworked as they spend most of the time away from their families. The findings of this study show that trucking companies need to respond to the high rate of HIV/AIDS infection among long distance truck drivers.

The results from this study reveal that these companies have not taken into consideration the HIV epidemic. For companies to respond effectively to HIV/AIDS in the workplace, they need adequate resources. The lack of resources could be the reason for some of the companies not to respond to the epidemic, compared to well-resourced companies with wellness programmes and workplace policies to fight against HIV/AIDS. On the other hand, HIV information and the uptake of HCT services amongst the drivers were still very low, even though they are provided with free screening tests and HIV education and treatment.

## Reference

*AIDS Brief for Sectorial Planners and Managers: Transport Sector.* (2014).

Aniebue, P.N., and Aniebue, U.U. (2009). HIV/AIDS-related knowledge, sexual practices and predictors of condom use among long-distance truck drivers in Nigeria. *The Southern African Journal of HIV Medicine*.

Anita, P., Parbhu D., and Vidya J. (2009). Assessing HIV/AIDS Awareness and High Risk Behaviour among Long Distance Truckers in Northern India. *The Internet Journal of Epidemiology*, 8(2).

Awosan, K.G, Ibrahim, M.T.O., Arisege, S.A, and Erhiano, E.E. (2014). Knowledge of HIV/AIDS, risk Perception, Sexual lifestyle and condom use among long drivers in Sokoto, Nigeria. *Journal of Infectious Disease and Immunity*: 6(3), 19-25.

Azuogu, B.N., Ogonnaya, L.U., and Alo, C.N. (2011). *HIV Voluntary Counselling and Testing Practices among military personnel and Civillian residents in a military contonement in South Eastern Nigeria*.3,107-116.k

Babbie, E. (2007). *The Practice of Social Research*. (12th Ed). Belmont, CA: Wadsworth Publishing Company.

Barnett, T., Fantan, T., Mbakile., B., and Whiteside, A. (2002). *Private sector responds to the epidemic: Debswana—a global benchmark*.UNAIDS. Geneva.Bua News. (2011, May). *Centre Tackles HIV/AIDS Among Truckers*.

Bwayo, J., Plummer F., & Omari M. (1994). Human immunodeficiency virus infection in long-distance truck drivers in East Africa. *Arch Intern Med*, 154, 1391- 1396.

Cokayne, R. (2011, June 6). *MBSA helps trucking clinics extend reach business/companies*. IOL News.

Doke, L. (2015, July 17). *Trucking for better health to beat HIV*. Mail & Guardian.

East African Community (EAC). (2005). *Mapping of Health Services Along Major Transport Corridors in East Africa*.

Edwards, S.T. L., Gomez, G. B, (2015). En route to a healthy truck driver population. HIV Nursing Matters. *A Publication of the Southern African HIV Clinicians Society*, 6, (2).

Fourie, D.J., and Schoeman, R, (2006). The South African Long Distance Trucking Industry's Response to the HIV/AIDS Epidemic. *SAJEMS*, 9, 196-203

Health Systems Trust (HST). (2013). *Research recommends how to tackle spread of HIV/AIDS by African truckers*.

HIV/AIDS Knowledge Management and Communications Capacity Building Initiative (KMCC), (2014). *Long distance truck drivers and HIV/AIDS in Uganda: Synthesis of information and evidence to inform the response - Abridged report*.

HIV Site. (2011, August 3). *What are the symptoms if HIV infection?* Comprehensive, up-to date information on HIV/AIDS treatment, prevention, and policy. University of California San Francisco. Available on: <http://hivinsite.ucsf.edu/hiv?page=basics-00-02>

ILO. (2012). *Report and Analysis of the Survey "A truck Drivers life: working conditions and Sexual Health" HIV and Long Distance Transport in Paraguay*.ILO.

International Finance Corporation (IFC) and the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC). (2009). *"Fighting HIV/AIDS in the Workplace*.

International Organization for Migration (IOM). (2003). *Mobile populations and HIV/AIDS in the Southern Africa Region. Recommendations for Action*. Desk review and Bibliography on HIV/AIDS and Mobile Populations. Pretoria.

International Organization for Migration (IOM) CARE (2003). *Mobile populations and HIV/AIDS in the Southern Africa Region*. A field study in South Africa, Zimbabwe and Mozambique. Pretoria.

Kamanga, J., Simbaya, J., Ndubani, D., and Siziya, S. (2009). *Round 4 Behavioural Surveillance Survey Zambia. Long distance truck drivers in transportation routes with trend analysis*.

Kumar, S. (2012). Level of awareness about HIV/AIDS among Truck Drivers playing on NH-65 near Titram Moar in Kaitnal District, Haryana. *International Journal of Multidisciplinary Management Studies*. 2(2).

Majoni, W.K. (2014). *The Vulnerability factors to HIV transmission among Long Distance Truck Drivers working from Windhoek, Namibia*. Thesis (M.Phil.) Stellenbosch University.

Marck J, *Sexual Cultures and attempts to reduce HIV risk behaviour amongst them. A review of the African and Asian Literature*: Health Transition Centre, Australian National University

Media Update. (2011, October). *Engen launches Driver Wellness campaign through transport month in East London*.

Moretlwe, S.D., Chersich, M., Kinross, P., and Rees, H. (2013). HIV Prevalence and Risk in long-distance truck drivers in SA: A national cross Sectional Survey. *International Journal of STD and AIDS*.

Morris, C., Ferguson, A. (2005). University of Nairobi/ University of Manitoba: strengthening STD/HIV Control Project. *Hot spot mapping of the Northern corridor transport route: Mombasa-Kampala*. Final report. Nairobi.

Mupemba, K. (1999). *The Zimbabwe HIV prevention program for truck drivers and commercial sex workers: a behaviour change intervention*. In: Resistances to behavioural changes to reduce HIV/AIDS infection in predominantly heterosexual epidemics in Third World Countries. Edited by Caldwell, J.C., Caldwell, P, Aarfi K, et al. (Eds). Canberra: Health Transition centre.

National Department of Health. (2010). *National HIV Counselling and Testing Policy Guidelines*. Pretoria.

Ntozi, J.P., Najjumba, I.M., Ahimbisibwe, F., Ayiga, N., and Odwee, J. (2003). Has the HIV/AIDS epidemic changed sexual behaviour of high risk groups in Uganda? *Afri Health Sci*. 3(3):107-16.

Pandey, A., Benara, S.K., Roy, N., Sahu, D., Thomas, M., et al. (2008). Risk behaviour, sexually transmitted infections and HIV among long-distance truck drivers: a cross-sectional survey along national highways in India. *AIDS*, 22: 5S81–90.

Ramafolo, N., Chidarikire, T., Farirai, T., and Malatjie R. (2011). *Centers for Disease Control and Prevention (CDC-SA)*. Pretoria

Rakwar, J., Lavreys, L., Thompson, M., L., Jackson, D., Bwayo, J., Hassanali, S., Mandaliya, K., Ndinya-Achola, J. and Kreiss, J. (1999). Co-factors for the acquisition of HIV-1 among heterosexual men: prospective cohort study of trucking company workers in Kenya. *AIDS*, 13 607-614.

Ramjee, G and Gouws, E. prevalence of HIV among truck drivers visiting sex workers in Kwazulu Natal, South Africa. *Journal of the American Sexually Transmitted Diseases Association* 2002: 29(1): 44-49.

Sunmola, A.M., (2005). Sexual practices, barriers to condom use and its consistent use among long distance truck drivers in Nigeria. *AIDS Care*, 17: 208-21

The World Bank. (2009). *Transport against HIV/AIDS: Synthesis of Experience and Best Practice Guidelines*. Washington, D.C [www.worldbank.org](http://www.worldbank.org)

UNAIDS/World Health Organization (2001). *AIDS epidemic update*. Geneva.USAID/RED SO. (2002). *HIV/AIDS Voluntary Counselling and Testing*. Review of Policies, Programmes and Guidelines in East, Central and Southern Africa. USAID/RED SO.

USAID/FHI (2009). Round 4: Behavioural Surveillance Survey Zambia, Long Distance Truck Drivers in Transportation Routes with trend analysis 2000-2009

Wanyenze, R.K., Nawavvu, C., Amale, A.S., Mayanja, B., Bunnell, R., Abang, B., Amanyire, G., Sewankambo, N. K., and Kanya, M. R. (2008). Acceptability of routine HIV counselling and testing, and HIV Seroprevalence in Ugandan hospitals. *Bulletin of the World Health Organisation*. 2008 Apr; 86(4): 302–309.



UNAIDS/WHO. (2007). Guidance on provider-initiated HIV testing and counselling in health facilities. Geneva.

World Health Organization (WHO). (2012). *Service Delivery Approaches to HIV Testing and Counselling (HTC): A Strategic HTC Programme Framework*.

## **APPENDIX A: INTERVIEW QUESTIONS**

### **GROUP DISCUSSION GUIDE FOR LONG DISTANCE TRUCK DRIVERS**

#### **A. Introductory Remarks**

Let us go around the room: please introduce yourself and tell us a little bit about yourself. I will not record your names and introductions.

[Make notes on each person's gender, age, marital status/relationship]

[Turn the audio recorder on here and inform the group that recording has begun.]

#### **B. Job description and working Conditions**

1. Could you describe your exact role and responsibilities as a long distance truck driver?
2. For how many years have you worked as a long distance truck driver?
3. What do you do in a typical week? In a typical month?
4. How much (approximately what per cent) of your time is spent at work?
5. How much (approximately what percent) of your time is spent at home?
6. What is the purpose of a depot/truck stop? (Probe for social, economic reasons).
7. What do you do when you get to the depot?
8. What do you do to relax? (Probe for places they visit or things they do)
9. Where do truck drivers get accommodation when on duty?
10. Are there any recreational services provided for long distance truck drivers? If yes, list them. If no, would you be interested in them?

### **C. Health issues**

11. What are the three top health problems facing long distance truck drivers?
12. Are there any healthcare services provided to long distance truck drivers? If yes list them.
13. Are these services accessible to truck drivers? (Probe for costs, location, distance and opening times).
14. Do you think these services need to be improved? Explain?

### **E. Knowledge and Attitudes towards HIV/AIDS**

15. Do you know anyone who is infected with HIV/AIDS or had died of HIV/AIDS?
16. How do you think HIV/AIDS can be prevented?
17. Do truck drivers discuss about HIV/AIDS in their discussions?

### **D. HIV/AIDS Prevention and Care Services**

18. Are there HIV/AIDS services provided for truck drivers at this depot? What kinds of services are provided? (List them).
19. Do truck drivers seek help when infected with STIs such as HIV/AIDS? Why? Why not?
20. Are there educational and information services about HIV/AIDS provided to truck drivers? If yes list them.
21. Do you think truck drivers need more education and information about HIV/AIDS? Why? Why not? How would they like to be educated?

22. Do you have any suggestions on how to improve HIV/AIDS prevention among long distance truck drivers?

23. What else would like us to know about your work that we have not covered in this discussion?

That brings us to the end of our discussion. Thank you very much for your time!

## APPENDIX B: REC LETTER



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY  
JOU BEROEPSKOPPEL YOUR APPLIED RESEARCH

### Approval Notice New Application

27-May-2015  
Tzawa, Nokwazi N

Proposal #: SU-HSD-000402

Title: SERVICES NEEDED TO BE OFFERED BY HCT TO COUNTER THE FACTORS CONTRIBUTING TO THE HIGH RATE OF HIV/AIDS INFECTION AMONG LONG DISTANCE TRUCK DRIVERS.

Dear Nokwazi Tzawa,

Your New Application received on 07-May-2015, was reviewed.  
Please note the following information about your approved research proposal:

Proposal Approval Period: 18-May-2015 -17-May-2016

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your proposal number (SU-HSD-000402) on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

**Included Documents:**

DESC Report - Davis, Harbert

REC: Humanities New Application

Sincerely,

Clarissa Graham  
REC Coordinator  
Research Ethics Committee: Human Research (Humanities)